

## CLAIMS ONLY

Application Number

10

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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48						
49						
50						
Total						
Indep	3					
Total						
Depend	19					
Total						
Claims	22					

51	Indep	Depend	Indep	Depend	Indep	Depend
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